

*Amendments*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10706505 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101	1					
2	1					
3	1					
4	1					
5	1					
6	1					
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TOTAL IND.	18					
TOTAL DEP.	35					
TOTAL CLAIMS	53					

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					